Under the Paperwork Reduction Act	of 1995, no persuas are required		Approved for use through 7/31/ Trademark Office; U.S. DEPARTM	MENT OF COMMERC			
PETITION FOR EXTENSION OF	of information unless it displays a valid OMB control number. Docket Number: 12492.0274						
(fees effective on or Application Number: 10/765,201	Filed: January 28, 2004						
For: METHODS FOR FILLING H	IOLES IN PRINTED \	WIRING BOARDS	<u> </u>				
Art Unit: 3729 Examiner: R. K. Chang							
This is a request under the provisions of application. The requested extension and fee are as							
☑ One month (37 C	FR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ <u>120.00</u>			
☐ Two months (37	CFR 1.17(a)(2))	\$450	\$225	\$ 00.00			
☐ Three months (3	7 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>00.00</u>			
= `	' CFR 1.17(a)(4)) CFR 1.17(a)(5))	\$1590 \$2160	\$795 \$1080	\$ \$			
☐ Applicant claims small e	entity status. See 37	CFR 1.27.					
☐ A check in the amount	of the fee is enclosed						
Payment by credit card. Form PTO-2038 is attached.							
	☐ The Director has already been authorized to charge fees in this application to a Deposit Account.						
	☐ The Director is hereby authorized to charge any fees which may be required, or credit any						

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

overpayment, to Deposit Account Number $\underline{19-4293}$. I have enclosed a duplicate copy of this sheet.

I am the	applicant/inventor.						
	_ •	☐ assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	☑ attorney or agent of record. Registration Numb	er <u>36,175</u>					
	attorney or agent under 37 CFR 1.34. Registration number if agent under 37 CFR 1.34.						
	Short Walt	— · August 11, 2006					
	Signature	Date					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

★ Total of 1 forms are submitted.

Scott D. Watkins

Typed or printed name

00/11/2016 201710001 32532135 194293

202-429-3000 Telephone Number

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128,63 09

PTO/SB/17 (12-04) substitute (kmp)
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Effetive 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R.4818) 10/765,201 Application Number January 28, 2004 Filing Date **FEE TRANSMITTAL** Deepak K. Pai, et al. First Named Inventor For FY 2005 3729 Art Unit Applicant claims small entity status. See 37 CFR 1.27 R. K. Chang **Examiner Name TOTAL AMOUNT OF PAYMENT** \$120.00 12492.0274 Attorney Docket Number

METHOD OF PAYMENT (check all that apply)							
Check Cred	dit Card M	oney Orde	er None	Other (p	elease identify):		
Deposit Account							LLP
For the above-ident	tified deposit acco	ount, the C	Director is hereby	authorized to: (d	check all that a	ipply)	
Charge fee(s)	indicated below		L Ch	arge fee(s) indic	cated below, ex	cept for the fi	iling fee
Charge any ad	ditional fee(s) or	underpay	ments X Cr	edit any overpay	ments		
	37 CFR 1.16 and	1 1.17		uld not be included	on this form Pro	dda cradit card inf	ormation and
authrorization on PTO-2038.	Torm may become pu	Dilc. Credit	card information shor	na not be included	on this form. From	nue creuit caro illi	ormation and
FEE CALCULATION			-				
1. BASIC FILING,SEAR	CH, AND EXAMI	NATION I	FEES				
	FILING F	FEES	SEAR	CH FEES	EXAMINA	TION FEES	
Application Type	Fee (\$)	mall Entity Fee(\$)	(Fee(\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant Reissue	200 300	100 150	300 500	150 250	160 600	80 300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	s						Small Entity
Fee Description Each claim over 20 (included)	dina Baisayas)					<u>Fee (\$)</u> 50	Fee (\$) 25
Each independent claim of	ver 3 (including Rei	ssues)				200	100
Multiple dependent claims	•					360	180
Total Claims 0 -20 or HP	Extra Claims	Fee(\$)	Fee Paid(\$)	<u>N</u>	Nultiple Depend	ent Claims Fee Paid (\$)	
O -20 or HP HP = highest number of total	<u> </u>	x 50 ater than 20	= \$00.00		Fee(\$)	ree raid (3)	
Indep. Claims 0 -3 or HP+	Extra Claims 0	Fee(\$) x 200	Fee Paid(S) = 00		 ·		
HP = highest number of ind	₩						
3. APPLICATION SIZE	FEE						
If the specification and o	frawings exceed	100 sheet	s of paper (exclu	ding electronical	lv filed sequer	ce or compute	r listings under
37 CFR 1.52(e)), the	application size f	ee due is	\$250 (\$125 for sr	nall entitiy) for e	ach addition	nal 50 sheets o	r fraction
thereof. See 35 U.S.			l 1.16(s). Der of each addit	ional 50 or fros	tion thoronf	Foc (\$)	Fee Paid (\$)
Total Sheets - 100 =	Extra Sheets 0	Numu	er or each addit	0	tion thereor	<u>Fee (\$)</u> \$250	\$0
(round	up to a whole nu	mber)					
4. OTHER FEE(S) Petition for One Month Extension of Time = \$120.00 Fees Paid (\$)							
4. OTHER FEE(S) F etition for one Month Extension of Time = \$120.00 \$120.00							
						<u> </u>	20.00

SUBMITTED BY	1 1	1/6X/L				
Signature	XXV	V W	Registration No.	36,175	Telephone	(202) 429-3000
Name (Print/Type)	Scott D. Watkins				Date	8/11/06